



# plaza DENTAL CLINIC

Family Dental Practice since 1995

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## MEDICAL HISTORY AND PHYSICAL EXAMINATION

To be completed by your family Physician (as per your Dentists discretion)

Dear Doctor, This patient is having dental work performed by his/her dentist. The patient will be receiving intravenous sedation (CONSCIOUS SEDATION) using intravenous sedative agents. We would appreciate your evaluation of this patient's medical history and physical condition.

LABORATORY TESTS ARE AT THE PHYSICIAN'S DISCRETION  
AN EKG/CHEST X-RAY ARE REQUIRED FOR ALL PATIENTS OVER 60 YEARS

PLEASE COMPLETE THE FORM AND RETURN IT TO THE PATIENT

Please write clearly, illegible forms will be returned.

PATIENT NAME (Please Print) \_\_\_\_\_

### EXAMINATION

Head & Neck:

Heart:

Electrocardiogram: (indicate normal or abnormal and enclose copy of abnormal)

Blood Pressure: \_\_\_\_\_

Lungs:

Abdomen:

CNS:

Musculoskeletal:

Comments/Any Contraindications:

### LABORATORY RESULTS

Hemoglobin: (if available)

Electrolytes: (if available)

Urinalysis:

ECG: (Include Copy if ABNORMAL)

### HISTORY

Past Illness:

Past Surgery:

Medications: (provide dosage and frequency)

Adverse Drug reactions:

### FUNCTIONAL INQUIRY

Cardiac:

Respiratory:

Gastrointestinal:

Endocrine:

CNS:

Renal:

Signature: \_\_\_\_\_ M.D.

Please Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

DATE: \_\_\_\_\_